



STATE OF WASHINGTON
DEPARTMENT OF COMMUNITY,
TRADE AND ECONOMIC DEVELOPMENT
Office of Manufactured Housing
PO Box 42525 Olympia WA 98504-2525
360-725-2971 or 1-800-964-0852

REGISTRATION FOR MANUFACTURED HOME INSTALLER CONTINUING EDUCATION

Please print clearly or type

NAME (First, Middle Initial, Last)

☐ Mr.

☐ Ms.

☐ Mrs.

Home Phone: _____

Mailing

Address: _____

(check one)

☐ Home

☐ Business

City _____

State _____

Zip Code _____

Business

Name: (If applicable) _____

Business

Phone: _____

Applicant is ☐ owner ☐ employee of this business.

E-mail Address: _____

WAINS # _____ (Your installer certification must be current in order to take this training.)

Class Preference

Indicate your first and second choice for the class location, date, and session you would like to attend.

1 Location _____ Date _____

_____ Morning Session (8:00 to Noon)

_____ Afternoon Session (1:00 to 5:00)

2 Location _____ Date _____

_____ Morning Session (8:00 to Noon)

_____ Afternoon Session (1:00 to 5:00)

NOTE: *We will make every effort to place you in the class of your choice. Registrations are accepted on a first-come first-served basis. Early registration will help ensure placement into your preferred class.*

Course Fee \$40.00 (A check or money order must accompany this registration form)

*Make checks payable to **CTED** and mail to:*

CTED/Office of Manufactured Housing
PO Box 42525
Olympia, Washington 98504-2525

OFFICE USE ONLY

Location/Date _____

Confirmation Sent _____

☐ Show

☐ No Show

☐ Payment Received

Certificate Mailed _____